

PROVIDER INQUIRER

February 1st, 2008

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Duplicate Payment Edit Resolution

Edit 552 is one of the most common rejection codes for providers. The Provider Inquiry and Provider Consultant area receive many inquiries about this rejection. The meaning of 552 in the explanation guide is as follows:

552: The claim is a duplicate of a previously paid claim.

The Claim Reference Number (CRN), line number, and payment date of the paid claim are supplied on the remittance advice when the account is rejected with 552. If the CRN following the 552 is the same CRN in the left column of the Remittance Advice, duplicate services were reported on the same claim.

Please refer to the following example of the format appearing on the remittance advice:

.00 REJ 987X, 552R, 652X
552, 7123123123-01 092607

The first line contains all edits relating to the claim. The second line repeats the 552 and supplies the claim reference number and remittance advice date of the approved claim. **The Remittance Advice indicated in the example above is dated 092607. The Remittance Advice dated 9/26/2007 must be reviewed prior to contacting Provider Inquiry staff or sending an inquiry into the Provider Consultants.** If you do not have a copy of the Remittance Advice, you may fax a request to Records Retrieval, the fax number is (517)335-5562.

There are a several reasons for the 552 rejection. The most common are as follows:

- 1) The claim was previously paid on the remittance advice indicated.
- 2) The provider may be reporting duplicate services on separate claim lines when multiple quantities are allowed.

If a correction is necessary on a previously paid service, a claim replacement must be submitted. When a claim replacement is submitted, the existing claim detail is replaced with

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correct information. Bill type 7 along with the previously paid claim reference number is entered in the appropriate field on the claim.

Please remember by referring to the previous remittance advice referenced with the 552, billing staff can save both time and effort for the provider and provider inquiry staff. If you have any additional questions, please contact Provider Inquiry at 1-800-292-2550 or ProviderSupport@michigan.gov.

Proposed Medicaid Changes

Below are the proposed Policy Bulletins that are posted online. Please review them online at www.michigan.gov/medicaidproviders >> Proposed Medicaid Changes. Make sure all comments have been submitted by the Comment Due Date below.

Comment Due Date	Notice Number	Subject
February 18, 2008	0742-QAAP	Delinquent QAAP Assessments
February 15, 2008	0744-MACI	Update to the Medicaid Access to Care Initiative (MACI) Payment Schedule
February 15, 2008	0743-DSH	Disproportionate Share Hospital Eligibility Update
February 11, 2008	0737-MS	Policy Revision for Osteogenesis Stimulators

New Policy Bulletins

The bulletins below were published during the previous month. It is very important that all providers are aware of new Policy Bulletins that are published. All applicable Policy Bulletins will be incorporated into the new quarter of the on-line updated Medicaid Manual. To view the new policy bulletins online you can visit www.michigan.gov/medicaidproviders >> Medicaid Policy Bulletins. If you have any questions on the Policy Bulletins above, please contact Provider Inquiry at 1-800-292-2550 or ProviderSupport@michigan.gov.

Issue Date	Bulletin Number	Subject
January 10, 2008	MSA 08-02	Six Month Extension in Reporting National Drug Codes by Outpatient Hospital Providers

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THE CORNER

Community Health Automated Medicaid Processing System

Final Stages to Provider Enrollment Go-Live

MDCH is completing the final stages of the Provider Enrollment Subsystem within **CHAMPS**. As originally proposed during **CHAMPS** Training Sessions throughout last year, we were hoping to be live as of February 2008. MDCH is doing everything to come up as soon as possible, but we want to ensure that the system is complete.

Providers will still receive Application ID letters in the mail two weeks prior to go-live. Look for these letters to be mailed on GREEN paper. They should be in the mail soon!

MDCH is also finalizing the training schedule for the **CHAMPS** Provider Enrollment subsystem. We are scheduling these sessions to be available when **CHAMPS** will be obtainable for providers. MDCH asks that Provider Enrollment/Credentialing staff pre-register for the upcoming **CHAMPS** Revalidation Sessions. All attendees **MUST** have a Single Sign-On (SSO) User ID and Password before registering for a training session. Attendees **MUST** bring his/her SSO User ID and Password along with an Application ID number(s) when attending a session to ensure access to a personal computer. A brief overview of the **CHAMPS** Provider Enrollment subsystem will be provided, after which providers will have the opportunity to walk through a Revalidation of their own using the Application ID number(s) with assistance from the MDCH Outreach staff. Please continue checking the website for these training sessions as they will be posted soon!

For additional information on other subsystems of **CHAMPS** or to get up to date information about the **CHAMPS** Provider Enrollment subsystem and revalidation, please visit the **CHAMPS** website below. The **CHAMPS** website will post the most accurate up to date information available for the Provider Enrollment subsystem. Please view the website at www.michigan.gov/medicaidproviders >> **CHAMPS** or email CHAMPS@michigan.gov.